From: Eden at MichaelHaynes.com

PTC/SB/17 (12-04) Approved for use through 07/31/2006, CMB 0651-0032
U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paner	work Reduction Act o	1996 no narkons e	tre required to n	soond to a notletili		_		lid CMB:on	ntml number
Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known					
FEE TRANSMITTAL				Application Nu	mber	10/563,187 30 December 2005			
For FY 2005				Filing Date		de Janasz, Chrisopher G.			
				First Named In		Le, Nancy Loan T.			
Applicant claims small entity status. See 37 CFR 1.27				Examinar Nam	16		cy Loan		
		60	.00	Art Unit	2.00	3621			GENTA
TOTAL AMOUN	T OF PAYMENT	(\$)		Attorney Dack	et No.	1043-00	5		- 0 6
METHOD OF	PAYMENT (chec	k all that apply)						
Check Credit Card Moncy Order None Other (please identify):									
Deposit Account Deposit Account Number: 50-2504. Deposit Account Name: Michael N. Haynes									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
Пан	narge fee(s) indicat	ed below		Char	ge fee(s)	Indicated be	low, except	for the fill	ng fee
Charge any additional fee(s) or underpayments of fee(s)									
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public: Credit card information should not be included on this form. Provide credit card									
	uthorization on PTO								
FEE CALCUL	ATION								
1. BASIC FILE	NG, SEARCH, A								
	FILI	NG FEES Small Entity		CH FEES Small Entity	EXAM	INATION F Small E			
<u>Application</u>	Type <u>Fear</u>	\$) <u>Fee (\$)</u>	Fee (\$	Pes (\$)	Fea	\$) Fea (8		Fees Paid	<u>d (\$)</u>
Ų țiliry	300	150	500	250	200	100	_	0	
Design	200	100	100	50	130	65	_		
Plant	200	100	300	150	160	80	_		
Reissue	3.00	150	500	250	600	300	-		 -
Provisional		100	0	٥	0	0			
2. EXCESS CLAIM FEES Small Entity Fee Description Fee (\$) Fee (\$)									
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25									
Each independe	ent claim over 3	or, for Reissues	, each ind e p	endent claim m	ore than	in the orig	inal patent	200	100
Multiple depen			4 \ 2	D_:-1 461	8014:	i- Bi-seede	at Claima	3.60	180
Total Claims	Extra C Oar HP = 0	laims <u>Fee (</u> x <u>25</u>		Paid (\$) 0		le Depende (\$)	Fee Paid (i	3)	
HP = filghest nur	nber of total claims pa	ld for, if greater that	1 20				0	-	
Indep. Claims	or HP = 0	laims Fee x 100	(S) Feel	Paid (\$) 0					
	nber of Independent c								
3. APPLICATI									
If the specific	cation and drawing dditional 50 sho	igs exceed 100	sheets of par	per, the applica	tion size	fee due is	\$250 (\$123	for sma	ll entity)
Total Shee				ก additional 60			Fee (\$)	Fee P	aid (\$)
10181 01155	100 =	/ 50 =	0	_(round up to a			125	. =	<u> </u>
4, OTHER FEE	(8)							Fees	Paid (8)
	Non-English Specification, \$130 fee (no small entity discount)								0
Other: First Month Extension									50
SUBMITTED BY									
Signature	middly Henry Re			tegistration No. 40,014 Telephone			elephone 4	434-972-9988	
Name (Print/Type)	(Attorney/Agent)			ate 24 Oc	_				
ADDITION TANGET	Michael N. Hayn	-							

This collection of information is required by \$7 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gethering, preparing, and submitting the completed application form to the USPTO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form end/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select online 18/25/2886 RB1NAS

00000016 10563187

01 FC:2251

60.00 OP